Y Badachi, J Baron, C Beigelman-Aubry, J Benichou, A Bergeret, A Caillet, P Catilina, S Chamming's, G Christ de Blasi, G Ferretti, E Guichard, A Jankowski, V Latrabe, N Le Stang, MF Marquignon, B Millet, M Montaudon, L Mouchot, M Pinet, A Porte, P Reungoat, R Ribero, M Savès, A Sobaszek, A Stoufflet, FX Thomas, L Thorel and the practitioners of security insurance (Aquitaine, Upper Normandy, Lower Normandy and Rhône-Alpes).

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Journal club

The role of leukotriene receptor antagonists in asthma

This study assessed the effectiveness of a leukotriene receptor antagonist (LTRA) in two pragmatic randomised controlled trials over a 2-year period in primary care practices across the UK. The first trial compared LTRAs with inhaled glucocorticoids as the first-line treatment in asthma. The second trial compared the addition of LTRAs versus the addition of long-acting β_2 -agonists in patients already using inhaled glucocorticoids with asthma.

All treatments led to significant improvements in the primary outcome measure: the mini Asthma Quality of Life Questionnaire. At 2 months, the LTRA was found to be equivalent in both studies. At 2 years, there was a trend towards equivalence between treatment groups although scores fell outside of their pretest definition of equivalence. Secondary outcome measures including asthma control questionnaire scores and frequency of exacerbations were not significantly different between treatment groups.

The results suggest a trend towards equivalence when LTRAs are compared with standard therapy both as first-line and as add-on therapy when used long term. However, the trial is weakened by the proportion of treatment changes required, which was consistently higher for patients using LTRAs in both studies.

Price D, Musgrave SD, Shepstone L, et al. Leukotriene antagonists as first-line or add-on asthma-controller therapy. N Engl J Med 2011;364:1695-707.

Andrew Low

Correspondence to Dr Andrew Low, ST4, Respiratory Medicine, University Hospitals Bristol, Marlborough Street, Bristol BS1 3NU, UK; andytlow@hotmail.com

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